



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
<http://www.cns.state.va.us/dmas>

MEDICAID MEMO

TO: All Home and Community-Based Service Providers
Participating in the Virginia Medical Assistance Program
and Health Maintenance Organizations Providing Services
to Virginia Medicaid Recipients

FROM: Dennis G. Smith, Director
Department of Medical Assistance Services

SUBJECT: Provider Enrollment and Billing Information Regarding the Individual and
Family Developmental Disabilities Support Waiver

MEMO	Special
DATE	9-19-00

The purpose of this memo is to inform you of the requirements for reimbursement for waiver services for individuals enrolled in the Individual and Family Developmental Disabilities Support Waiver (DD Waiver), including provider qualifications, provider enrollment process, and billing information. The DD Waiver, which will be administered by the Department of Medical Assistance Services (DMAS), became effective on July 1, 2000, and will provide home and community-based services to Medicaid-eligible individuals age six and older who have developmental disabilities.

▪ **Provider Enrollment and Qualifications**

The DD Waiver offers many services in which providers are currently enrolled to provide as a Virginia Medicaid provider. If you are currently enrolled as a provider of any of the services mentioned below and have an active provider identification number, you may use your existing Medicaid identification number to bill for those services rendered to the DD Waiver population. Your provider number will automatically be assigned a specialty code that will allow you to bill for DD Waiver services using your existing provider identification number. All terms and conditions of your Medicaid Participation Agreement remain in effect.

For providers wanting to offer any of the new services such as family/caregiver training, Personal Emergency Response Services (PERS), or support coordination, please reference to the enrollment qualifications below.

- **Personal Care Services:** Must be enrolled as a Medicaid provider of personal care services.
- **Respite Care Services:** Must be enrolled as a Medicaid provider of respite care services.
- **Supported Employment:** Must be enrolled as a Medicaid supported employment provider licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).
- **Day Support:** Must be enrolled as a Medicaid day support provider licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).
- **Therapeutic Consultation:** Must be Medicaid provider enrolled as a psychologist, licensed professional counselor, or a licensed clinical social worker. Therapeutic consultation providers can also be a physical therapist, occupational therapist, speech/language pathologist, rehabilitation engineer, or a therapeutic

recreation specialist working for an agency enrolled as a Medicaid provider of therapeutic consultation services.

- **Skilled Nursing Services:** Must be enrolled as a Medicaid provider of home health services or private duty nursing, licensed by the Virginia Department of Health, Center for Quality Health Care Services and Consumer Protection.
- **Attendant Care:** Must be enrolled as a Medicaid service coordinator of consumer-directed services.
- **Consumer-Directed Respite Care:** Must be enrolled as a Medicaid service coordinator of consumer-directed services.
- **Crisis Stabilization:** Must be enrolled as a Medicaid provider of residential support or day support licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).
- **In-Home Residential Support:** Must be enrolled as a Medicaid provider of residential support licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).
- **Environmental Modifications:** Must be enrolled as a Medicaid provider of environmental modifications.
- **Assistive Technology:** Must be enrolled as a Medicaid durable medical equipment provider.
- **Adult Companion Care:** Must be enrolled as a Medicaid provider of personal care services, or a home health agency licensed by the Virginia Department of Health, Center for Quality Health Care Services and Consumer Protection. Providers that are currently enrolled to provide personal care services, will automatically be enrolled by DMAS to provide these services.
- **Personal Emergency Response Services (PERS): Providers** wanting to provide PERS must meet the following qualifications and enroll as a PERS provider prior to furnishing or billing for PERS related services.
 - The PERS providers must be a certified home health agency or personal care agency, a durable medical equipment provider, a hospital, or a PERS manufacturer that has the ability to provide PERS equipment, direct services, i.e. installation, equipment maintenance and service calls, and PERS monitoring.
 - The PERS provider must provide an emergency response center staff with fully trained operators who are capable of receiving signals for help from a recipient's PERS equipment 24-hours a day, 365, or 366 as appropriate, days per year; determining whether an emergency exists; and notifying an emergency response organization or an emergency responder that the PERS recipient needs emergency help.
 - A PERS provider must comply with all applicable Virginia statutes and all applicable regulations of DMAS and all other governmental agencies having jurisdiction over the services to be performed.
 - All PERS equipment must be approved by the Federal Communications Commission and meet the Underwriters' Laboratories, Inc. (UL) safety standard Number 1635 for Digital Alarm Communicator System Units and Number 1637, which is the UL safety standard for home health care signaling equipment. The UL listing mark on the equipment will be accepted as evidence of the equipment's

- Compliance with such standard. The PERS device must be automatically reset by the response center after each activation, ensuring that subsequent signals can be transmitted without requiring manual reset by the recipient.
- **Family/Caregiver Training:** Providers wanting to provide family/caregiver training services must meet the following qualifications and enroll as a provider of family/caregiver services. Providers must obtain a separate Medicaid identification number and may not utilize an existing Medicaid identification number to bill for family/caregiver training services.
 - Only certified home health agencies; community developmental disabilities agencies; developmental disabilities residential providers; community mental health centers; public health agencies; hospitals; clinics; in-home rehabilitation or other agencies or organizations, or both; or practitioners may provide family/caregiver training services.
 - Providers of Family/Caregiver Training must have the necessary licensure or certifications for their profession to practice in Virginia, and have demonstrated experience or knowledge of the training topic. Individuals must work for an agency or organization that has a provider agreement with DMAS to provide Family/Caregiver Training. These professions include licensed practical nurses, licensed nurse practitioners, licensed practical counselors, nurse aides, occupational therapists, physical therapists, registered nurses, speech/language pathologists, and teachers. Some providers are eligible to individually enroll with Medicaid as a provider of this service. They are Psychologists, Licensed Professional Counselors, and Licensed Clinical Social Workers.
- **Support Coordination:** Providers wanting to provide support coordination services must meet the following qualifications and enroll as a provider of support coordination. Providers must obtain a separate Medicaid identification number and may not utilize an existing Medicaid identification number to bill for support coordination services. A support coordination agency cannot be a direct service provider and provide support coordination services for recipients under the DD Waiver.
 - A Participation Agreement to provide support coordination services must be obtained by the agency/organization/individual from the First Health Provider Enrollment Unit. The provider may directly operate support coordination services or may contract with private agencies, or both. If services are contracted, the agency/organization remains the responsible provider, and only the agency/organization/individual may bill DMAS for Medicaid reimbursement.
 - The provider must operate a 24-hour emergency services system and guarantee that recipients have access to emergency services.
 - A support coordination provider must possess a combination of developmental disability work experience and relevant education which indicates that he or she has the knowledge, skills, and abilities (KSAs), as established by DMAS, necessary to perform support coordination services billable under Medicaid.
 - The Support Coordination Provider will certify via letter to the DMAS, that the individuals who will provide Support Coordination services meet the required KSAs. Individuals who do not demonstrate or possess the required KSAs cannot provide support coordination services for which Medicaid reimbursement is received.

- For support coordination services to receive Medicaid reimbursement, the individual employed as a support coordinator must have, at entry level, qualifications that are documented or observable to include:

A. Knowledge of:

1. The nature and causes of developmental disability and program philosophy for service provision;
2. Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning, and service coordination;
3. Different types of assessments, including functional assessment, and their uses in service planning;
4. Consumer and family rights;
5. Local community resources and service delivery systems, including support services (e.g., housing, financial, social welfare, dental, educational, transportation, communications, recreation, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g., churches, clubs, self-help groups);
6. Types of developmental disability programs and services;
7. Effective oral, written and interpersonal communication principles and techniques;
8. General principles of record documentation; and
9. The service planning process and major components of a service plan.

B. Skills in:

1. Interviewing;
2. Negotiating with consumers and service providers;
3. Observing, recording, and reporting on an individual's functioning;
4. Identifying and documenting a consumer's need for resources, services, and other supports;
5. Using information from assessments, evaluations, observation, and interviews to develop service plans;
6. Identifying services within the community and established service system to meet the individual's needs;
7. Formulating, writing, and implementing individualized service plans to promote goal attainment;
8. Coordinating the provision of services by diverse public and private providers;
9. Identifying community resources and organizations and coordinating resources and activities; and
10. Using assessment tools (e.g., level of function scale, life profile scale).

C. Abilities to:

1. Be persistent and remain objective;
2. Work as a team member, maintaining effective inter- and intra-agency working relationships;

3. Demonstrate a positive regard for recipients and their families (e.g., treating recipients as individuals, allowing risk-taking, avoiding stereotypes of people with developmental disabilities, respecting consumers' and families' privacy, believing consumers are valuable members of society);
4. Work independently, performing position duties under general supervision;
5. Communicate effectively, verbally and in writing; and
6. Establish and maintain ongoing supportive relationships.

Provider Enrollment

Please note that existing service providers will be automatically enrolled to provide waiver services, not support coordination services. Support coordination providers cannot provide waiver services to DD Waiver recipients. If you wish to provide support coordination services in lieu of waiver services, contact the First Health Provider Enrollment Unit and inform the Unit that you want to provide support coordination services.

If you wish to enroll as a provider of family/caregiver training, Personal Emergency Response Services (PERS), or support coordination, or have any questions about the enrollment criteria for the DD Waiver, please contact the First Health – Provider Enrollment at:

First Health - Provider Enrollment Unit
P.O. Box 26803
Richmond, Virginia 23261-6803
Helpdesk Telephone Numbers:
(804) 270-5105 local
(888)-829-5373 toll free

Enrollment forms must be submitted with original signatures. Please contact the FIRST HEALTH Helpdesk if you need assistance.

Eligibility Requirements

Recipient eligibility requirements for the DD Waiver include:

Individuals six (6) years of age and older with a related condition that is not mental illness and is similar to mental retardation who do not have a diagnosis of mental retardation and who have been determined to require the level of care provided in an ICF/MR.

1) A Related Condition is :

(A) Attributable to –

- (1) Cerebral palsy, epilepsy or autism; or
- (2) Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.

(B) It is manifested before the person reaches age 22.

(C) It is likely to continue indefinitely.

(D) It results in substantial functional limitations in three or more of the following areas of major life activity:

- (1) Self-care.
 - (2) Understanding and use of language.
 - (3) Learning.
 - (4) Mobility.
 - (5) Self-direction.
 - (6) Capacity for independent living
- 2) The individual must not have a diagnosis of mental retardation as defined by the American Association on Mental Retardation (AAMR).
 - 3) Individuals must meet the level of care required to need institutional care and are thus at risk of entering an ICF/MR if they do not receive waiver services. This does not mean that individuals have to enter an institution in order to be eligible to receive waiver services.
 - 4) Individuals must meet Medicaid financial eligibility requirements. The income limit is 300% of the Social Security Income payment limit for one person (currently \$1,536 per month).

Service Authorization

All services provided under the DD Waiver will require prior authorization by DMAS staff with the exception of crisis stabilization, skilled nursing services, and support coordination.

- Crisis stabilization service units per episode will be based on the documented clinical needs of the individual being served. The need for Services, beyond the 60 days per calendar year, must be prior authorized by DMAS following a documented face-to-face reassessment conducted by a qualified professional.
- Skilled nursing services are limited to 250 hours of skilled nursing services per calendar year without prior authorization. The services must be explicitly detailed in the recipient's consumer service plan and must be certified by a physician as medically necessary to enable the recipient to live outside an institutional setting. In order to receive an extension beyond 250 hours, the service provider must contact DMAS and request the need for the extension.
- Billing for Support coordination services does not require preauthorization and may begin with the first face-to-face contact. Billing can be submitted only for months in which at least one direct or recipient-related contact, activity, or communication occurs and is documented. Support Coordination services may be billed for services provided to Medicaid-eligible institutionalized consumers (including those in medical and psychiatric hospitals, ICF-MR facilities, and nursing facilities) during the 60 calendar days preceding discharge. In cases where additional support coordination is required to necessitate discharge, prior authorization must be obtained from DMAS. Authorizations for additional support coordination may be obtained in 30-day intervals.

All requests for prior authorization must be made via paper request and fax. The address and numbers are:

DMAS Waiver Unit
Attn: DD Waiver Health Care Coordinator
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
(804) 371-4986 (fax)
(804) 785-1465 (phone)

Codes for Reimbursement and Reimbursement Rate

There will be no difference in payment rates for DD Waiver services from other Medicaid waivers. Your claims for the DD Waiver must be submitted to our fiscal agent, First Health Services Corporation. The following codes must be used when requesting prior authorization and when billing for DD Waiver services. The rates are those in effect at the time of release of this memo and are subject to change with general adjustments in reimbursement rates.

Code	Description	Rate
Y0055	Support Coordination	175.40/month
Y0056	Crisis Stabilization – Intervention	\$81.00
Y0057	Crisis Stabilization – Supervision	\$22.00
Z8595	In-Home Residential Support	\$18.00/hour
Z8597	Supported Employment – Individual	\$16.00/hour
Z8598	Supported Employment- Enclave	\$32.50/unit
Z8556	Day Support - Regular, Center Based	\$23.99/unit
Z8560	Day Support -Regular, Non-Center Based	\$23.99/unit
Z8557	Day Support - High Intensity, Center Based	\$34.15/unit
Z8561	Day Support - High Intensity, Non –Center	\$34.15/unit
Z8565	Therapeutic Consultation	\$50.00/hour
Y0058	Environmental Modifications – Maintenance	Individual Consideration (IC)
Z8599	Environmental Modifications – Rehab	IC
Z8600	Environmental Modifications – Structural	IC
Z8601	Environmental Modifications – Supply Only	IC
Z8602	Environmental Modifications – Transportation	IC
Z8603	Assistive Technology – Rehabilitation	IC
Z8604	Assistive Technology - Off Shelf	IC
Z8605	Assistive Technology - Supply Cost Only	IC
Y0059	Skilled Nursing Services – RN	\$30.00 Northern Va. Rate (NOVA) \$24.70 Rest of State
Y0060	Skilled Nursing Services – LPN	\$26.00 NOVA; \$21.45 Rest of State
Z4036	Personal Care	\$13.25 NOVA; \$11.25 Rest of State
Y0078	Attendant Care	\$10.89 NOVA; \$8.44 Rest of State
Y0062	Attendant Care - Initial Comprehensive Visit	\$209.00 NOVA; \$161.00 Rest of State
Y0063	Attendant Care - Consumer Training	\$208.00 NOVA; \$160.00 Rest of State
Z9562	Routine Visit	\$65.00 NOVA; \$50 Rest of State
Z9570	Criminal Record Check	\$15.00 per record check
Z9564	Reassessment Visit	\$105.00 NOVA; \$80.00 Rest of State
Z9568	Management Training	\$26.00 NOVA; \$20.00 Rest of State
Z8811	Fiscal Agent	\$17.42/check
Y0061	Child Protective Services Registry Check	\$5.00 per registry check
Z9421	Respite Care	\$13.25 NOVA; \$11.25 Rest of State
Y0064	Consumer-Directed (CD) Respite	\$10.89 NOVA; \$8.44 Rest of State
Y0065	CD Respite - Comp Visit	\$209.00 NOVA; \$161.00 Rest of State
Y0066	CD Respite - Cons. Training	\$208.00 NOVA; \$160.00 Rest of State
Y0067	CD Respite - Routine Visit	\$65.00 NOVA; \$50.00 Rest of State
Y0068	CD-Respite – Reassessment	\$105.00 NOVA; \$80.00 Rest of State

Code	Description	Rate
Y0069	CD-Respite - Fiscal Agent	\$17.42/check
Y0070	Companion Care	\$13.25 NOVA; \$11.25 Rest of State
Y0071	Personal Emergency Response System (PERS) Installation	\$59.00 NOVA; \$50.00 Rest of State
Y0072	PERS & Medication Installation	\$88.50 NOVA; \$75.00 Rest of State
Y0073	PERS Monitoring	\$35.40 NOVA; \$30.00 Rest of State
Y0074	PERS & Medication Monitoring	\$59.00 NOVA; \$50.00 Rest of State
Y0075	PERS Nursing – RN to fill Medicaid Monitoring Unit	\$15.00 NOVA; \$12.25 Rest of State
Y0076	PERS Nursing – LPN to fill Medicaid Monitoring Unit	\$13.00 NOVA; \$10.25 Rest of State
Y0077	Family Caregiver Training	\$42.50 per hour

COPIES OF MANUALS

DMAS publishes searchable and printable copies of its provider manuals and Medicaid memoranda on the Internet. Please visit the DMAS website at <http://www.cns.state.va.us/dmas/>. Click on "Provider Manuals" for Medicaid and SLH provider manuals or click on "Provider Information" to see Medicaid memoranda. The Internet is the fastest way to receive provider information.

HEALTH MAINTENANCE ORGANIZATIONS

This Medicaid Memo is provided for information only.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond Area
1-800-552-8627	All Other Areas

Please remember that the "HELPLINE" is for provider use only.